

# DEPARTMENT OF JEWISH THOUGHT

712 Clemens Hall, 645.3695

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***MAJOR DECLARATION FORM: I would like to declare a MAJOR in  
The Department of JEWISH THOUGHT.***

Name-As Listed in Official School Records: Are you currently signed up for any other  
Majors or Minors? If so, please list:

Last \_\_\_\_\_

First \_\_\_\_\_

Student # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your UB Email (required): \_\_\_\_\_

Other Email (if any) \_\_\_\_\_

Your Local Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Cell (or local) Phone # \_\_\_\_\_

Your Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Permanent Phone # \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

(Advisor's Signature if Required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by/Date \_\_\_\_\_